|                                                                                       |                                                 |                     |                        |                         | <b>3</b> 6-104                                                    |
|---------------------------------------------------------------------------------------|-------------------------------------------------|---------------------|------------------------|-------------------------|-------------------------------------------------------------------|
| PARTY PLAINTIFF DEFEND                                                                | FOR COURT USE ONLY                              |                     |                        |                         |                                                                   |
| _                                                                                     |                                                 |                     |                        |                         |                                                                   |
|                                                                                       |                                                 |                     |                        |                         |                                                                   |
| TELEPHONE NO.: FAX NO. (Optional):                                                    |                                                 |                     |                        |                         |                                                                   |
| E-MAIL ADDRESS (Optional):  SUPERIOR COURT OF CALIFORNIA, C                           | OUNTY OF                                        |                     |                        |                         | 1                                                                 |
| STREET ADDRESS:                                                                       | 551411 51                                       |                     |                        |                         |                                                                   |
| MAILING ADDRESS:                                                                      |                                                 |                     |                        |                         |                                                                   |
| CITY AND ZIP CODE:  BRANCH NAME:                                                      |                                                 |                     |                        |                         |                                                                   |
| PLAINTIFF (name each):                                                                |                                                 |                     |                        |                         | CASE NUMBER:                                                      |
| DEFENDANT(name each):                                                                 |                                                 |                     |                        |                         |                                                                   |
| PROOF OF SERVICE<br>(Small Claims)                                                    | HEARING DATE:                                   | DAY:                | TIME:                  | DEPT.:                  | Ref. No. or File No.:                                             |
| ( <b>Before</b> you fill out this form, read Info is required for each party served.) | ormation for the Sm                             | all Claims F        | Plaintiff <i>(forn</i> | SC-150) for instr       | uctions. A separate proof of service                              |
| At the time of service I was at least                                                 | : 18 years of age an                            | d <b>not a pa</b> i | rty to this a          | ction.                  |                                                                   |
| 2. I served copies of the following:                                                  |                                                 |                     |                        |                         |                                                                   |
| a. Plaintiff's Claim and ORD b. Defendant's Claim and O                               |                                                 |                     |                        | •                       |                                                                   |
| c. Order of examination <i>(che</i>                                                   | •                                               |                     | (101111 00-12          | .0)                     |                                                                   |
|                                                                                       |                                                 | •                   | of Assets a            | nd to Appear for E      | Examination (form SC-134)                                         |
| ( /                                                                                   | d Order for Appeara                             |                     | •                      |                         | ·                                                                 |
| (The court may issue a w<br>process server, sheriff, n                                |                                                 |                     |                        |                         | s personally served by a registered iv. Proc. § 708.170.)         |
| d. Other (specify documents                                                           | •                                               | 1                   |                        |                         | , 0                                                               |
| 3. a. Party served (specify name of p                                                 | party as shown on d                             | locuments s         | served):               |                         |                                                                   |
|                                                                                       |                                                 |                     |                        |                         |                                                                   |
| b. Person actually served: (1)<br>party named in item 3a):                            | party in item 3a                                | a (2)               | other (s <sub>t</sub>  | pecify name and re      | elationship of the person served to the                           |
| 4. Address where service was made:                                                    |                                                 |                     |                        |                         |                                                                   |
| 5. I served the party (check all that ap                                              | ylac:                                           |                     |                        |                         |                                                                   |
|                                                                                       |                                                 | the docum           | ents listed ir         | n item 2 to the par     | ty or to the person authorized to                                 |
| receive service of proces b. by substituted service.                                  |                                                 | late):              | ot /#                  | at (time):              | Light the decuments listed in                                     |
| b. L by substituted service.  item 2a, b, or d with or in                             | , ,                                             | e person ind        | •                      | <i>me):</i><br>m 3b(2): | I left the documents listed in                                    |
| (1) (business or                                                                      | public entity) a per                            | rson at leas        | t 18 years o           | f age apparently in     | n charge of the office or of the general nature of the papers.    |
|                                                                                       | petent member of t<br>e of the party. I info    |                     |                        |                         | t the dwelling house or usual the papers.                         |
| address of the him or her of t                                                        |                                                 | ed, other tha       | an a United S          |                         | y in charge at the usual mailing rice post office box. I informed |
| AND MAILING                                                                           | -:                                              |                     | :-1\                   |                         | and a the manage to 1                                             |
|                                                                                       | ailed (by first-class,<br>ne copies were left ( |                     |                        |                         | s to the person to be served at the documents on                  |
| (date):                                                                               | -                                               | from (c.            | _                      | -                       |                                                                   |

| PLAINTIFF:                                                                                                                                                                                                    | CASE NUMBER                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| DEFENDANT:                                                                                                                                                                                                    |                                           |
|                                                                                                                                                                                                               |                                           |
| OR                                                                                                                                                                                                            |                                           |
| <ol> <li>b. (5)  form SC-104A, Attachment to Form SC-104: Proof of Mailing After<br/>attached. (If you did not mail copies of the documents in item 2, Inform SC-104A and attach.)</li> </ol>                 |                                           |
| 6. Person who served papers.                                                                                                                                                                                  |                                           |
| a. Name:                                                                                                                                                                                                      |                                           |
| b. Address:                                                                                                                                                                                                   |                                           |
| c. Telephone number:                                                                                                                                                                                          |                                           |
| d. The fee for service was \$                                                                                                                                                                                 |                                           |
| e. I am (check all that apply):                                                                                                                                                                               |                                           |
| <ul> <li>(1)  not a registered California process server.</li> <li>(2)  exempt from registration under Business and Professions Code server.</li> <li>(3)  a registered California process server:</li> </ul> | ection 22350(b).                          |
| <ul><li>(a) owner employee independent contract</li><li>(b) Registration no.:</li><li>(c) County:</li></ul>                                                                                                   | ctor                                      |
| 7. <b>I declare</b> under penalty of perjury under the laws of the State of California                                                                                                                        | a that the foregoing is true and correct. |
| or                                                                                                                                                                                                            |                                           |
| 8. I am a California sheriff or marshal and I certify that the foregoing is true                                                                                                                              | and correct.                              |
| Date:                                                                                                                                                                                                         |                                           |
| (NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)                                                                                                                                                         | (SIGNATURE)                               |